VOLUNTEER SERVICE AGREEMENT

NAME OF SUPERVISOR	NAME OF VOLUNTEER
DIVISION	ADDRESS
WORK LOCATION	TELEPHONE NUMBER
TELEPHONE NUMBER	EMPLOYEE PERSONNEL NUMBER
As assigned by the above-named supervisor, I will comply winstructions provided. I will conduct myself in accordance witemployees. I will earn no salaries or wages as a result of this emplement.	
upon termination of this agreement.	
I will be covered under State Worker's Compensation	
I will be reimbursed for necessary out-of-pocket expenses incurred as a result of departmental direction.	
 I will be reimbursed for necessary travel and per diem Personnel Administration for State employees. 	at the same rates that are used by the Department of
 I may use a State vehicle, when directed, provided tha Defensive Driver Training Program Certificate. 	t I have a valid California Driver's license and a current state
 I may be reimbursed for use of my private vehicle, provalid DWR 4107, Authorization to Use Privately Owned 	vided it is specifically directed, and provided that I have a d Vehicle on State Business, on file.
I may use State equipment and supplies, including safe	ety equipment, when directed.
 I understand that my employment as a volunteer is not on file with the Department. 	t effective until I have a signed STD. 689, Oath of Allegiance,
 I understand I will be employed as a volunteer from unless terminated sooner by the Department in writing is in writing. 	tototototo
I understand my assigned duties are as specified below	w.
VOLUNTEER SIGNATURE DATE	SUPERVISOR SIGNATURE DATE
SERVICE STATEMENT	
NAME OF *COMMITTEE	
DESCRIPTION OF DUTIES	

^{*} Committee name requested if volunteer's assignment is as a member of a citizen's advisory group or similar committee. DWR 4185 (Rev. 6/05)